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B 22C (Official Form 22C) (Chapter 13) (12/10)

In re: Sirron K Fleming
Tena M Fleming

Case Number: 11-37659-SGJ-13

According to the calculations required by this statement:				
☐ The applicable commitment period is 5 years.				
☐ Disposable income is determined under § 1325(b)(3).				
Disposable income is not determined under § 1325(b)(3).				
(Check the boxes as directed in Lines 17 and 23 of this statement.)				

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

come designs may complete one diatement only.						
		Part I. RE	PORT OF INC	OME		
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					
	a. [b. [v	_ ' ' '			e's Income") for Li	nes 2-10
		gures must reflect average monthly income receive				
1		ng the six calendar months prior to filing the bankru			Column A	Column B
		e month before the filing. If the amount of monthly		•	Debtor's	Spouse's
		ths, you must divide the six-month total by six, and	enter the result on	the	Income	Income
	- ' '	ropriate line.		24 222 27	A 500.07	
2		ss wages, salary, tips, bonuses, overtime, com- ome from the operation of a business, professio		act Lina h from	\$4,682.67	\$588.27
	Line	a and enter the difference in the appropriate colun	nn(s) of Line 3. If y	ou operate more		
		one business, profession or farm, enter aggregate				
3		ttachment. Do not enter a number less than zero. iness expenses entered on Line b as a deduction		any part of the		
	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary business expenses	\$0.00	\$0.00		
	C.	Business income	Subtract Line b	*	\$0.00	\$0.00
		t and other real property income. Subtract Line			ψ0.00	Ψ0.00
	diffe	rence in the appropriate column(s) of Line 4. Do n	ot enter a number l	ess than zero.		
4		not include any part of of the operating expense art IV.	es entered on Line	b as a deduction		
-	a.	Gross receipts	\$0.00	\$0.00		
	b.	Ordinary and necessary operating expenses	\$0.00	\$0.00		
	c.	Rent and other real property income	Subtract Line b	from Line a	\$0.00	\$0.00
5	Inte	rest, dividends, and royalties.			\$0.00	\$0.00
6	Pen	sion and retirement income.			\$0.00	\$0.00
		amounts paid by another person or entity, on a				
7		enses of the debtor or the debtor's dependents, purpose. Do not include alimony or separate main				
	paid	by the debtor's spouse. Each regular payment sh	ould be reported in	only one		
		mn; if a payment is listed in Column A, do not repo			\$0.00	\$0.00
		mployment compensation. Enter the amount in ever, if you contend that unemployment compensa		` '		
8		use was a benefit under the Social Security Act, do				
	com	pensation in Column A or B, but instead state the a	amount in the space	e below:		
	Un	employment compensation claimed to be a	Debtor	Spouse		
		nefit under the Social Security Act	\$0.00	\$0.00	\$0.00	\$0.00
		ome from all other sources. Specify source and	amount. If necessa	ary, list additional		
		ces on a separate page. Total and enter on Line 9				
		arate maintenance payments paid by your spou limony or separate maintenance. Do not includ				
9	the S	Social Security Act or payments received as a victir	m of a war crime, cr			
	hum	anity, or as a victim of international or domestic ter	rorism.			
	a.					
	b.					
	L 0.	<u> </u>			\$0.00	\$0.00

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$4,682.67	\$588.27			
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.					
	Part II. CALCULATION OF § 1325(b)(4) COMMITMEN	T PERIOD				
12	Enter the amount from Line 11.		\$5,270.94			
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if calculation of the commitment period under § 1325(b)(4) does not require inclusion of the spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT regular basis for the household expenses of you or your dependents and specify, in the libasis for excluding this income (such as payment of the spouse's tax liability or the spouse persons other than the debtor or the debtor's dependents) and the amount of income developurpose. If necessary, list additional adjustments on a separate page. If the conditions for adjustment do not apply, enter zero.	income of your paid on a nes below, the e's support of yoted to each				
	a.					
	b.					
	c.					
	Total and enter on Line 13.		\$0.00			
14 Subtract Line 13 from Line 12 and enter the result.						
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					
Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: Texas b. Enter debtor's house	ehold size: 4	\$63,859.00			
	Application of § 1325(b)(4). Check the applicable box and proceed as directed. ☑ The amount on Line 15 is less than the amount on Line 16. Check the box for "The amount on Line 15 is less than the amount on Line 16.	ne applicable commitme	ent period is			
17	3 years" at the top of page 1 of this statement and continue with this statement.					
	The amount on Line 15 is not less than the amount on Line 16. Check the box for is 5 years" at the top of page 1 of this statement and continue with this statement.	or "The applicable comr	nitment period			
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DIS	POSABLE INCOM	IE			
18	Enter the amount from Line 11.		\$5,270.94			
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter of any income listed in Line 10, Column B that was NOT paid on a regular basis for the hot expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for Column B income (such as payment of the spouse's tax liability or the spouse's support of than the debtor or the debtor's dependents) and the amount of income devoted to each processary, list additional adjustments on a separate page. If the conditions for entering the do not apply, enter zero.	ousehold or excluding the f persons other ourpose. If				
	b.					
	C.					
	Total and enter on Line 19.		\$0.00			
			-			

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20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.					
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. \$63,2					
22	Applicable median family income. Enter the amount from Line 16. \$63,859.00					
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT					
	COMPLETE PARTS IV, V, OR VI.					

	Part IV. CALCULATION OF DEDUCTIONS FROM INCOME					ICOME
		Subpart A: Deduc	tions under Sta	ndards	s of the Internal Revenu	e Service (IRS)
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number or persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						
		sons under 65 years of age			sons 65 years of age or old	aer
	a1.	Allowance per person Number of persons		a2.	Allowance per person Number of persons	
	c1.	Subtotal		c2.	Subtotal	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					

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25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Housing and Utilities Standards; mortgage/rent expense				
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47			
	C.	Net mortgage/rental expense	Subtract Line b from Line a.		
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.				
27A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that				

28						
	a. b.	IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as				
	J.	stated in Line 47				
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.					
	a.	IRS Transportation Standards, Ownership Costs				
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47				
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.			
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.					
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.					
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.					
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.					
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.					
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.					

	Subpart B: Additional Living Expense Note: Do not include any expenses that you have					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
	a. Health Insurance					
39	b. Disability Insurance					
	c. Health Savings Account					
	Total and enter on Line 39					
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your ac expenditures in the space below:	tual total average monthly				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.					
Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.					
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lin	nes 39 through 45.				

	Subpart C: Deductions for Debt Payment						
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.						
	a. b. c.	Name of Creditor	Property Securing the Debt	Tota	Average Monthly Payment al: Add	Does payment include taxes or insurance? yes no yes no yes no	
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
	a. b. c.	Name of Creditor	Property Securing the D	ebt		Lines a, b and c	
49	as p	ments on prepetition priority clain riority tax, child support and alimony . DO NOT INCLUDE CURRENT O	y claims, for which you were liab	le at th	e time of your	bankruptcy	
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. a. Projected average monthly chapter 13 plan payment. b. Current multiplier for your district as determined under schedules						
	C.	Average monthly administrative e	xpense of chapter 13 case		Total: Multip	oly Lines a and b	
51	, c						
	- ·		bpart D: Total Deductions				
52	ıota	I of all deductions from income.	Enter the total of Lines 38, 46	and 51	•		
		Part V. DETERMINA	TION OF DISPOSABLE I	NCOI	ME UNDER	R § 1325(b)(2)	
53	Tota	I current monthly income. Enter				. , , , ,	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or						

55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					
56	Total of all deductions allowed under § 70	07(b)(2). Enter the amount from Line 52.				
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH					
	Nature of special circumstances	Amount of expense				
	a.					
	b.					
	С.					
	Total: Add Lines a, b, and c					
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.					
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.					

Part VI	ADDITIONAL	FXPFNSF	CL AIMS
rail VI.	ADDITIONAL	LAFLINGE	CLAINS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

	Expense Description	Monthly Amount
a.		
b.		
c.		
	Total: Add Lines a, b, and c	

Part VII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

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Date: 12/19/2011

Signature: /s/ Sirron K Fleming

Sirron K Fleming

Date: 12/19/2011

Signature: /s/ Tena M Fleming

Tena M Fleming

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Current Monthly Income Calculation Details

In re: Sirron K Fleming Case Number: 11-37659-SGJ-13

Tena M Fleming Chapter: 13

2. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (if	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month	
<u>Debtor</u>	DISD \$4,682.67	\$4,682.67	\$4,682.67	\$4,682.67	\$4,682.67	\$4,682.67	\$4,682.67	
Spouse	Life Touch \$0.00	\$0.00	\$0.00	\$1,563.70	\$1,396.77	\$569.13	\$588.27	